

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1932

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

40262

40172

1. PLACE OF DEATH

County *Butler*  
Township *Neely*  
City (No. St. Ward)

Registration District No. *88*  
Primary Registration District No. *5130*

File No.  
Registered No. *49*

2. FULL NAME

*Charles Irvin*

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 28, 1930*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *2*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *None Infant*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Near Neelyville*  
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Sherman Irvin*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

12. MAIDEN NAME OF MOTHER *Rubie Gross*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

14. INFORMANT *Sherman Irvin*  
(Address) *Neelyville, Missouri*

15. FILED *1-2, 1932* *R. L. Turner*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 30th 1930*

17. I HEREBY CERTIFY, That I attended deceased *at birth*  
19. to 19. *Dec 28* 1930, and that I last saw him alive on *Dec 28* 1930, and that death occurred, on the date stated above, at *11:00 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Cause unknown*

2002 (duration) yrs. mos. ds. CONTRIBUTORY (SECONDARY) *2 0 0 0* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. N. Barnett* M. D.

*Jan 15, 1930* (Address) *Poplar Bluff*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Roberts Cemetery*

*Dec. 31st 1930*

20. UNDERTAKER

ADDRESS

*Friends & Neighbors*

